

COMMONWEALTH OF KENTUCKY

*State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Booth

Vot. Prec. 4085

Inn. Town _____

City _____

Registration District No. 22

Primary Registration District No. _____

(No. _____ St. _____ Ward)

File No. 18284

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm. Meadows

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE STATUS Married
(Single, Married, Widowed, or Divorced. Write the word.)

6 DATE OF BIRTH Mar 16 1892
(Month) (Day) (Year)

7 AGE 73 yrs 4 mos 14 da.
IF LESS THAN 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) W. Va.

10 NAME OF FATHER David Meadows

11 BIRTHPLACE OF FATHER (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Mahala Lillie

13 BIRTHPLACE OF MOTHER (State or country) W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W.M. Meadows

(Address) Salt-Lick W. Va.

15 Filed Aug 12 1925 - 122 V.C. Hyman Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 8 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1925, to Aug 6 1925, that I last saw him alive on Aug 6 1925, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Cardiac Gout

(Duration) 4 mos da.
Contributory (Secondary) Bright's Disease

(Duration)² 7 yrs mos. da.
(Signed) D.C. James M.D.
Aug 12 1925 (Address) Salt Lick, W. Va.

*State (1) the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ in the State _____
of death yrs. mos. da. State yrs. mos. da.

Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 8-10-25

UNDERTAKER Mrs J.W. Vaughan ADDRESS Salt-Lick W. Va.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
 No. 6—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.